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WALTER M. DICKIE, M. D., DIRECTOR

Weekly Bulletin

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Investigate Problems Of Stream Pollution.

The State Department of Public Health, in cooperation with the Division of Fish and Game of the State Department of Natural Resources, has begun a special investigation into problems of stream pollution in California and the Division of Fish and Game has agreed to spend $5,000 of its funds for the purpose of carrying on this investigation.

Sportsmen and manufacturers, as well as public health officials, are interested in keeping California streams free from pollution. Industrial wastes which are run into surface streams are responsible for the destruction of many of the state's most valuable game fish and such wastes may also be deleterious to agricultural land as well as public water supplies. Many industries, at the present time, have no recourse other than to deposit waste materials into streams and it is for the purpose of devising methods for the treatment of such wastes in order to render them harmless, that the investigation is being undertaken. The solution of these associated problems will prove beneficial to many industries, to sportsmen and to the general public.

The provision of pure water supplies for domestic purposes is of the utmost importance in the protection of the public health. California is dependent upon surface streams for its public water supplies to a greater degree than most states. While public water supplies in California are adequately safeguarded it is necessary to exercise eternal vigilance to keep them free from contamination. Sewage pollution is the most common type of stream pollution but the growth of the industries has increased the extent of chemical contamination greatly. Chlorination of water supplies is effective in the destruction of harmful bacteria due to sewage contamination and this method of treatment is used by nearly all of the cities of California. It is of little or no value, however, in safeguarding against industrial pollution and it is, primarily, for the purpose of discovering how best to neutralize the injurious industrial wastes that the present investigation is being undertaken.

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Respect of health has no meaning if it is not the natural sequence of respect of life.—Louis Forest.

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If you want people to develop a health intelligence you must begin by giving them an intelligence for life; you must make them understand life, love it; you must show them continuously the glory and beauty of it.—Louis Forest.

Variations in Diphtheria Mortality.

A comparison of diphtheria mortality in California and the United States, covering a period of twenty years, reveals several interesting facts, the most striking of which is the extreme variation in the California rates. On the other hand, the decrease in the rates for the Registration Area of the United States has been almost continuous from year to year with the exception of the year 1921. It was during this same year that the rate rose in California to 17.9—almost as high as in 1908. Most of the time during the past 20 years the California diphtheria mortality rate has been much lower than has been the same rate for the United States. In 1925 it was 6.6 per 100,000 population as against 7.8 per 100,000 population for the United States Registration Area.

The plotted course of the California mortality rates shows characteristic waves, as does a similar curve for diphtheria mortality in the United States. The California curve is far more inconsistent, however, exhibiting exaggerated peaks and valleys. The history of diphtheria shows that its prevalence moves in great waves, that it is extremely prevalent for a period of years, followed by a decline which also covers a period of years.

Reports received from all parts of the United States indicate that the disease is becoming more prevalent this year. It may be that this is the beginning of a new wave. Whether or not immunization has been applied throughout the United States to a degree that may be sufficient to lower the rising trend of the disease is not known. The more extended application of immunization is bound, if continued consistently, to reduce the morbidity from diphtheria greatly. A vast amount of this type of work is being accomplished in California and in many parts of the United States. Health officers can not afford to relax in their efforts to control the disease. Every child should be immunized against diphtheria at as early an age as may be practicable. If this were done consistently it is certain that the morbidity and mortality rates for the disease would be reduced greatly.

The following tables indicate the trend of diphtheria in California and in the United States Registration Area during the past twenty years:

Diphtheria Death Rates,* California and the United States, 1906 to 1925.

Year	California	United States
1906	12.9	25.7
1907	19.3	23.6
1908	17.7	21.5
1909	10.7	20.4
1910	9.1	21.4
1911	6.7	18.9
1912	6.1	18.2
1913	6.8	18.9
1914	9.4	17.9
1915	10.5	15.7
1916	9.5	14.5
1917	6.5	16.6
1918	6.2	13.9
1919	7.9	14.7
1920	13.0	15.3
1921	17.9	17.7
1922	16.2	14.6
1923	16.8	12.1
1924	17.7	9.4
1925	6.6	7.8

*Per 100,000 population.

Diphtheria in California, 1906 to 1926.

Year	No. cases*	No. deaths	Death rate per 100,000 population	Fatality* rate
1906	----	244	12.9	
1907	----	280	19.3	
1908	----	391	17.7	
1909	----	248	10.7	
1910	----	218	9.1	
1911	----	167	6.7	
1912	----	158	6.1	
1913	1659	186	6.8	11.02
1914	2679	268	9.4	10.00
1915	3660	310	10.5	8.48
1916	3091	290	9.5	9.38
1917	2564	207	6.5	8.08
1918	3117	204	6.2	6.46
1919	3073	266	7.9	8.64
1920	5784	451	13.0	7.80
1921	9465	644	17.9	6.80
1922	8714	599	16.2	6.88
1923	9532	640	16.8	6.70
1924	11,110	695	17.7	6.25
1925	5575	266	6.6	4.80
1926	6130	291	7.3	4.74

*Morbidity records not kept prior to 1913.

Public Health is Everybody's Business.

In a recent campaign to secure support for the local health center, Allison Ware of Chico said:

"Every man is interested in health conditions in his own home, in wholesome food, fresh air, pure water, freedom from contagion, and decent sanitation. The good health of his children and family depend upon them. But all of these things depend upon sound conditions of community health. That is to say, no one in a town such as Chico can guard his own home and his own family in these matters unless at the same time he is willing to help guard the health conditions of the whole city."

Tuberculosis Death Rate Drops.

Progress in the reduction of the tuberculosis mortality rate in California is encouraging. This rate has dropped from 221.8 per hundred thousand population in the year 1906 to 140.4 per hundred thousand population in the year 1926. The California rate is higher than is the tuberculosis rate in most other states. The reason for this lies in the extensive migration to California of patients suffering from the disease in an advanced form, many of whom do not survive for any appreciable length of time. How best to check or control the interstate migration of the indigent tuberculous is one of the difficult problems now before state health officers. The following table shows the number of deaths, annually, from tuberculosis in California since 1906:

Tuberculosis Deaths in California, 1906–1926.

Year	Number deaths	Rate per 100,000 population
1906	4,437	221.8
1907	4,607	225.5
1908	4,565	209.0
1909	4,673	203.9
1910	4,872	203.0
1911	5,114	203.9
1912	5,128	196.0
1913	5,402	198.3
1914	5,320	187.8
1915	5,551	188.9
1916	5,267	172.8
1917	5,457	172.9
1918	5,888	180.4
1919	5,678	168.3
1920	5,397	155.0
1921	5,427	151.8
1922	5,847	158.1
1923	5,724	150.4
1924	6,023	153.9
1925	5,896	146.6
1926	5,794	140.4

Montreal Typhoid Still Above Normal.

Reference has been made in these columns to the extensive outbreak of milk-borne typhoid fever in Montreal—"the world's greatest milk-borne epidemic." The incidence is still above normal, but is dwindling slowly. From the first of January to September 17 there have been 5058 cases of the disease reported in Montreal, with 511 deaths. The outbreak really had its beginning during the week ending March 12, when 203 cases were reported. The peak of the first wave came during the week ending April 2, when 649 cases were reported. The second wave began at the end of April, rising to peak during the week ending May 21, when the prodigious number of 770 cases was reported. During the week ending September 17 there were 13 cases, with 2 deaths reported.

Science Is An Open Book.

At the opening meeting of the American Public Health Association convention held in Cincinnati, October 17-21, Dr. Charles V. Chopin, President of the Association and Superintendent of Health at Providence, Rhode Island, dean of American health officers, made the following remarks which should be carefully observed by all public health workers:

"What is not known about maintaining and perfecting the health of mankind is far greater than what is known. The opportunities for discovery are as great today as before the days of Harvey, Pasteur and Lister. Science can never be a closed book. We should not be ashamed to change our methods, rather we should be ashamed never to do so.

The science which can point to its achievements against smallpox, malaria, yellow fever, diphtheria, typhoid and typhus fevers, tuberculosis and a score of other diseases, as well as to a rapid lengthening of human life, and especially to the saving of vast numbers of infants from early death, need not be ashamed to acknowledge that some experiments have failed."

MORBIDITY.*

Diphtheria.

105 cases of diphtheria have been reported, as follows: Berkeley 3, Oakland 11, Humboldt County 1, Holtville 1, Los Angeles County 9, Glendora 1, Los Angeles 34, Santa Monica 2, Sierra Madre 2, Whittier 1, Merced County 2, Merced 1, Napa County 1, Napa 1, Santa Ana 3, Tustin 1, Plumas County 1, Riverside County 3, Riverside 1, Escondido 2, San Diego 4, San Francisco 11, Redwood City 3, Santa Barbara County 2, Santa Clara County 1, Mountain View 1, Santa Cruz County 1, Exeter 1.

Scarlet Fever.

129 cases of scarlet fever have been reported, as follows: Alameda 1, Albany 1, Berkeley 4, Oakland 22, Calaveras County 1, Fresno County 2, Humboldt County 3, Calexico 1, Los Angeles County 9, Alhambra 1, Burbank 1, Comp-

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*From reports received on October 31 and November 1 for week ending October 29.

ton 1, El Monte 1, Long Beach 2, Los Angeles 15, Monrovia 1, Pomona 1, Santa Monica 4, Whittier 3, Lynwood 1, Hawthorne 1, Madera County 1, Brea 1, Fullerton 1, Santa Ana 1, Tustin 1, Plumas County 1; Riverside County 1, Riverside 2, Colton 2, San Diego 11, San Francisco 13, San Joaquin County 2, Stockton 1, Paso Robles 1, San Mateo County 2, Burlingame 1, Santa Barbara County 3, Gilroy 1, San Jose 2, Benicia 1, Petaluma 1, Modesto 3.

Measles.

46 cases of measles have been reported, as follows: Alameda 2, Oakland 1, Fresno County 1, Huntington Park 1, Long Beach 1, Los Angeles 5, Monrovia 1, Salinas 1, Riverside 1, Sacramento 2, San Bernardino County 4, Colton 1, San Diego County 1, San Diego 1, San Francisco 11, San Joaquin County 1, San Luis Obispo County 5, Paso Robles 1, San Luis Obispo 8, Santa Barbara County 1, Palo Alto 1, Yolo County 4.

Smallpox.

Two cases of smallpox have been reported, as follows: Oakland 1, San Francisco 1.

Typhoid Fever.

Six cases of typhoid fever have been reported, as follows: Alameda 1, Riverside County 2, Woodland 2, California 1.

Whooping Cough.

92 cases of whooping cough have been reported, as follows: Albany 1, Berkeley 5, Livermore 1, Oakand 13, Fresno County 3, Los Angeles County 6, Long Beach 5, Los Angeles 10, Orange County 1, Seal Beach 3, Riverside County 1, Riverside 1, San Diego 24, San Francisco 16, Santa Clara County 1, Palo Alto 1.

Poliomyelitis.

30 cases of poliomyelitis have been reported, as follows: Berkeley 1, Piedmont 1, Kingsburg 3, Humboldt County 4, Arcata 1, Eureka 4, Brawley 1, Los Angeles County 2, Los Angeles 4, Orange County 1, Fullerton 1, Sacramento 1, San Francisco 1, Stockton 1, San Luis Obispo 1, Siskiyou County 2, Sonoma County 1.

Meningitis (Epidemic).

Four cases of epidemic meningitis have been reported, as follows: Sutter Creek 1, San Bernardino 1, California 2.

Encephalitis (Epidemic).

Two cases of epidemic encephalitis have been reported, as follows: Los Angeles 1, San Francisco 1.

Food Poisoning.

Los Angeles County reported two cases of food poisoning.

COMMUNICABLE DISEASE REPORTS.

Disease	1927				1926			
	Week ending			Reports for week ending Oct. 29 received by Nov. 1	Week ending			Reports for week ending Oct. 30 received by Nov. 3
	Oct. 8	Oct. 15	Oct. 22		Oct. 9	Oct. 16	Oct. 23	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0
Chickenpox	78	123	187	227	105	126	159	164
Diphtheria	106	120	151	105	139	117	119	150
Dysentery (Bacillary)	3	3	10	2	1	2	0	0
Encephalitis (Epidemic)	2	0	0	2	0	3	0	2
Food Poisoning	1	21	2	2	0	0	1	0
Gonococcus Infection	176	92	119	115	104	101	81	104
Influenza	25	21	15	16	18	15	26	21
Jaundice (Epidemic)	0	1	3	0	0	0	5	4
Leprosy	0	0	0	0	2	0	1	0
Malaria	0	1	2	0	3	1	4	2
Measles	46	55	42	46	367	450	549	584
Meningitis (Epidemic)	7	3	6	4	2	3	2	5
Mumps	56	72	62	45	101	129	136	103
Paratyphoid Fever	1	2	0	1	0	0	2	1
Pneumonia (Lobar)	75	33	45	34	27	73	36	43
Poliomyelitis	40	39	37	30	3	3	6	1
Rabies (Animal)	4	2	4	3	9	10	13	8
Rabies (Human)	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	105	109	138	129	132	166	200	207
Smallpox	5	3	11	2	19	18	12	14
Syphilis	182	98	96	122	152	109	97	134
Tetanus	0	1	1	0	0	0	0	3
Trachoma	2	6	7	6	2	3	1	4
Trichinosis	0	0	0	0	0	0	0	0
Tuberculosis	191	155	221	176	192	124	200	177
Typhoid Fever	15	8	17	6	14	23	15	18
Typhus Fever	0	0	0	0	0	1	0	0
Whooping Cough	100	93	93	92	48	54	66	46
Totals	1220	1061	1269	1165	1440	1531	1731	1795

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